

Practicum Training Plan

Practicum Site Agency _____

Agency Address _____

Clinical Setting

Identify clinical settings where practicum training will take place, such as forensic hospital, outpatient mental health, home-based program, jail, domestic violence shelter, etc. (list all settings the student will be working in).

Time Commitment

What dates will the practicum experience encompass? _____ through _____

How many days per week will the student be at the practicum site? _____

How many hours per week will the student be expected to devote to be at practicum? _____

How many hours per week will be devoted to direct clinical activity (including report writing and documentation)? _____

Practicum Responsibilities

Describe the responsibilities of the practicum student, and the amount of time devoted to each clinical activity, for example, "group therapy leader, 1.5 hours per week", "participation in team treatment planning meeting, 1 hour per week", "individual therapy, 4 hours per week", etc.

Clinical Activity

Time Allotment

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Describe the goals of training at the practicum site, and what the student can expect to accomplish over the course of the practicum year.

Supervision

Primary supervision should be provided by a licensed psychologist, though others may provide secondary supervision.

<u>Name</u>	<u>Job Title</u>	<u>Credentials</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Emergency Contact Information for the primary supervisor _____

How much time per week will be devoted to supervision? _____

How much of that time will be individual face-to-face supervision? _____

How much of that time will be with the primary supervisor? _____

Evaluation

The student will be evaluated at mid-year and at year-end by the supervisor, who will complete the Practicum Student Evaluation forms provided by the Clinical Program's Practicum Coordinator.

The student will be asked to review their practicum site placement at the end of the year, on Practicum Site Evaluation forms provided by the Clinical Program's Practicum Coordinator.

Other student evaluation conducted by the Practicum Site: _____

I agree to the terms of this contract.

Practicum Student Signature _____ Date _____

Supervisor Signature _____ Date _____

This contract is effective until (date) _____